

**THIRD PARTY AUTHORIZATION FOR RELEASE OF INFORMATION
PERTAINING TO AN INVESTIGATION CONDUCTED BY
BGI ASSOCIATES LLC**

ACCOUNT HOLDER

Account Holder Name: _____

Account Number: _____

I hereby authorize _____ to release information about my account, including personally identifying information and my relationship with _____ to the individual(s) below. I understand and agree that by authorizing _____ to release any and all information to the individual(s) named and listed below, I assume full responsibility for the named individual(s) having access to any information maintained by _____ relating to me. It is my responsibility to revoke my authorization(s) if at any time I no longer wish to release information about me to the individual(s) designated below. I acknowledge that this authorization allows the named individual(s) to obtain any/all data/information contained in my account information. I hereby expressly agree that _____ shall not be responsible for any damages in any form so arising that I may incur related to my authorization(s) to release information to the individual(s) listed below. Completion of this form also provides permission to accept information concerning changes to my address and/or telephone number from the individual(s) identified below. This authorization does not apply to the release of information about me through your website(s) and online functionality. This authorization does not release the borrower from his/her payment obligations.

Name: _____ Relationship: _____

Address: _____

Name: _____ Relationship: _____

Address: _____

ACCOUNT HOLDER SIGNATURE

Signature of Account Holder: _____ Date: _____

Account Holder Telephone Number: _____

Return Completed Form to:
BGI Associates LLC
400 South State Street Suite 130
Zeeland, MI 49464
(616)239-1040